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| Application No. | Applicant(s) | | | | | | | | |
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| Claims renumbered in the same order as presented by applicant | | | | | | | ☐ CPA | | | ☐ T.D. | | | ☐ R.1.47 | | | | | | |
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| | 2 | | 9 | 32 | | | 62 | | | 92 | | | 122 | | | 152 | . • : | | 182 |
| | 3 | | 10 | 33 | | | 63 | | | 93 | | | 123 | | | 153 | | | 183 |
| | 4 | | 11 | 34 | | | 64 | "[| | 94 | 1 | | 124 | . " | | 154 | | | 184 |
| | 5 | | | 35 | | | 65 |] .[| | 95 | | | 125 | | | 155 | | | 185 |
| | 6 | | | 36 | | | 66 | | | 96 | | | 126 | | | 156 | | | 186 |
| | 7 | | | 37 | | | 67 |] [| | 97 | | | 127 | | | 157 | | | 187 |
| | 8 | | | 38 | | | 68 |]. | | 98 | | | 128 | ľ | | 158 | | | 188 |
| | 9 | | | 39 | | | 69 |] | | 99 | | | 129 | | | 159 | | | 189 |
| | 10 | | | 40 | | | 70 | | | 100 | | | 130 | | | 160 | | | 190 |
| | 11 | } | | 41 | | | 71 | | | 101 | | | 131 | | | 161 | | | 191 |
| | 12 | | | 42 | | | 72 | | | 102 | | | 132 | ŀ | | 162 | | | 192 |
| | 13 | <u> </u> | | 43 | | | 73 |] | | 103 | | | 133 | Ŀ | | 163 | , | | 193 |
| | 14 | | | 44 | | | 74 | | | 104 | | | 134 | | | 164 | | | 194 |
| | 15 |] | | 45 | | | 75 | | | 105 | | | 135 | | | 165 | | | 195 |
| | 16 | | | 46 | | | 76 | | | 106 | | | 136 | | | 166 | | | 196 |
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| , | 18 | | | 48 |] | | 78 | | | 108 | | | 138 |] | | 168 | | | 198 |
| | 19 | | | 49 |] | | 79 | | | 109 | | | 139 |]. | | 169 | | | 199 |
| | 20 | | | 50 |] | | 80 | | | 110 | | | 140 | | | 170 | | | 200 |
| | 21 |] | | 51 | | | 81 | : | | 111 | | | 141 | | | 171 | | | 201 |
| | 22 | | | 52 | | | 82 | | | 112 | | | 142 | ļ | | 172 | | | 202 |
| | 23 | · · | | 53 | | | 83 | | | 113 | | | 143 | | | 173 | | | 203 |
| 1 | 24 |] | | 54 |] | | 84 | | | 114 | , | | 144 | ŀ | | 174 | | | 204 |
| 2 | 25 |]: | | 55 | | | 85 | ** | | 115 | | | 145 |] | | 175 | | | 205 |
| 3 | 26 |] , | | 56 |] | | 86 | 4 2 8 | | 116 | , , | | 146 | | | 176 | | | 206 |
| 4 | 27 |] . | | 57 |] | | 87 | | | 117 | | | 147 | | | 177 | | | 207 |
| 5 | 28 |] | | 58 |] | | 88 |]. : | | 118 | | | 148 |]. | | 178 | | | 208 |
| 6 | 29 |] | | 59 |] | | 89 |] | | 119 | | | 149 | | | 179 | | | 209 |
| 7 | 30 |] | | 60 | | | 90 | | | 120 | | | 150 |] | | 180 | | | 210 |